



F & M FAMILY EYECARE  
7583 HIGHWAY 85  
RIVERDALE, GA 30274  
TEL: 770-996-3495 FAX: 770-996-3429

## Patient Certification/Office Contact Lens Fitting Policy

Contact lens prescription will not be given until a proper fit has been established and all professional services are paid in full. If you are not able to make all of your follow-up appointments you will not receive a contact lens prescription.

Patient must return for his/her follow-up no later than sixty (60) days from the date of the initial contact lens fitting examination. A late follow-up fee of \$35.00 will be charged after sixty (60) days from the initial contact lens fitting examination.

### CERTIFICATION

I hereby certify that all the information I have provided is true and correct and that I will abide by the contact lens care and handling instruction discussed with me by the office.

I have read and understand the office policies as stated above.

I have read and understand the office Privacy Notice.

I give permission for this office to file claims with my insurance company.

PATIENT NAME (PRINT): \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_